AIR FORCE OFFICE OF SCIENTIFIC RESEARCH

AIR RESEARCH and DEVELOPMENT COMMAND
Baltimore, Maryland

IN REPLY ADDRESS BOTH COMMUNICATION AN ENVELOPE TO COMDR, OSR, ATTENTION FOLLOWING OFFICE SYMBOL

AFOSR

1 September 1955

Deputy Project Director

25X1C [redacted]

25X1A Dear [redacted]

During the past month there have been clarified, a number of points regarding aeromedical support to the project which I feel should be summarized in written form at this time. These agreements have been reached during informal meetings and conversations between Dick, George and myself, and as herewith set down represent my interpretation of these agreements. Should there be items which you feel merit further consideration amongst specific project personnel, I am, as always, at your service to lend whatever advice and assistance you may desire.

A. Medical Line of Responsibility:

1. This has evolved into a fairly clean and economical line which

25X1A9a calls for [redacted] to be assigned to your unit as your project surgeon, working directly and solely for you in that capacity. The medical support and policy guidance which he needs can only be provided at the Air Staff level through the cognizance and approval of the Surgeon General, Major General Dan Ogle.

25X1A9a 2. I have arranged to brief [redacted] upon his reporting in, on all past aeromedical activities and in addition to provide him with our estimation of his immediate and future medical personnel requirements. It is most urgent that immediate steps be taken to requisition through the Surgeon General, those medical personnel who will be needed at [redacted] as permament party and as integral members of the operational units. I am personally very much concerned over the continued delays we are having in getting the original medical airmen which we requested months ago for the [redacted] activities and I fear another crisis at the time our first subjects appear for their training and Phase III screening procedures if someone doesn't get the personnel problem off dead center.

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3. In regard the professional support contract to the project provided by Randy Lovelace, Dick has firmed up his ideas on its scope and we are arranging a meeting between those two at the earliest time convenient for both. Randy will be back at Albuquerque on Wednesday night, August 31st and has been notified of Dick's desire to confer with him. I would suggest that you contact Randy and arrange the time and place of the meeting and if possible be present yourself during the discussions. ACTION

4. Our original idea which was to bring the SAC surgeon into cognizance with the idea that he would give some guidance and support to the effort, did not appear feasible or desireable in the final analysis. The final approved operating organization did not appear to justify or require this additional medical cognizance and quasi-responsibility on the part of SAC. If the medical responsibility were confined principally to the training phase we would have a different problem but since the medical activity extends all the way from R&D [redacted] support, training and operational deployment, it becomes obvious that medical personnel and their activities should form an integral part of your project organization. — OK — OK

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B. Specific Medical Personnel Requirements

1. On attempting to estimate personnel requirements for the project, I feel compelled to point out that no one, at this particular moment in the life of the project, can predict with finality the future medical personnel needs, either qualitatively or quantitatively. I believe we can come fairly close to estimating future needs but any major change in operational concept may well disrupt your personnel requirements. Therefore, I recommend that no final, fixed committments be made in regards total personnel required, with the Surgeon General, until the final operational plan is drawn up and approved. T.O.? OK BUT SOME

2. Since I am not familiar with the medical AFSC listings, I can only list the personnel required according to the type of job they will be required to perform, as follows:

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a. Base complement [redacted]

25X1A9a 1 Project Surgeon - [redacted]

25X1A9a 1 Physiological Training Officer [redacted]

1 MSC Officer - to cover administration, supply, personnel records, dispensary management and also receive training in oxygen and personal equipment use and maintenance.

4 airmen - altitude chamber technicians, additionally trained in use and maintenance of personal equipment.

1 Senior NCO - personal equipment and survival technician - trained by contractors in specialized equipment used by project personnel.
1 Senior NCO - aeromedical technician - in charge of dispensary operations.
1 NCO - Pharmacist, Medical Technician
1 Airman - Surgical Technician
1 Airman or NCO - Laboratory - Xray and Surgical Technician

b. Operational Unit Complement

1 Flight-surgeon
1 NCO - Personal Equipment and Survival Specialist
1 NCO - Aeromedical Technician for Dispensary Care
2 Airmen - Medical and Surgical Technicians

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3. It should be pointed out that the operational unit medical personnel should be in place [redacted] during the training phase of the unit to which they are assigned. This is of paramount importance since it is only in this fashion can they be familiarized with the actual techniques and equipment required to prepare flight personnel for the operational mission. Once departed from the training base, there will be no other source of instruction for the specialized equipment and procedures required for successful accomplishment of the mission.

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4. It should also be pointed out that if the project surgeon moves out to an overseas location [redacted] activities continue there will be an additional equirement for a flight surgeon to provide coverage [redacted]

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C. Continued R&D Activities

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1. It has been agreed that [redacted] and myself will continue to direct the required efforts in the R&D field in support of the project. This will be done through normal R&D channels in ARDC where feasible and economical to do so or through the existing contracts now monitored by ARDC Headquarters (Mr. Miedel). The principal contractors at present are (1) David W. Clarke Company, (2) Berger Brothers, (3) Lovelace Foundation. At present funds have been made available through ARDC resources for the Lovelace Contract and appear adequate to carry us on through to January 1956. In the other two contracts which result in our development prototypes for operational test and use, we are running above our predicted rate of expenditure and it is likely that we will require from $50,000 to $75,000 additional funds. [redacted] will supply you with facts and figures to support our requirements.

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2. It is suggested that [redacted] and myself continue to report direct to you (and the project surgeon.) We, will of course, insure

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that any additional R&D requirements which [redacted] developes will be prosecuted in an expeditious manner using all available contractor and in-service resources.

D. Aero-Medical Records

1. Much of the aeromedical work which has been done and will be done constitutes a true extension of our knowledge in areas of considerable importance to the over-all Air Force effort. Thus far we have attempted to channel all proven results of our efforts into general Air Force cognizance where security permits. In addition we are keeping fairly detailed records of our activities, decisions, results, etc. which we will transcribe and turn over to you and the project surgeon for inclusion in your small project history. It is strongly recommended that early and energetic efforts be made to establish a method of record-keeping of all aeromedical activities which will insure maximum utilization of the information by the Air Force at large.

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Sincerely,

[redacted]

DON FLICKINGER
Brigadier General, USAF (MC)
Commander